

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Document Number

**10/511924**

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|   |                      |              |
|---|----------------------|--------------|
| TOTAL CLAIMS  |                      |              |
| FOR   | NUMBER FILED         | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | <u>20</u> minus 20 = | *            |
| INDEPENDENT CLAIMS  | <u>2</u> minus 3 =   | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                      |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

| RATE      | FEE |
|-----------|-----|
| BASIC FEE |     |
| XS 9=     |     |
| X43=      |     |
| +145=     |     |
| TOTAL     |     |

OR

OR

OR

OR

OR

OR

| RATE      | FEE        |
|-----------|------------|
| BASIC FEE | <u>950</u> |
| XS18=     |            |
| X86=      |            |
| +290=     | <u>950</u> |
| TOTAL     |            |

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS 9= |                |
| X43=  |                |
| +145= |                |
| TOTAL |                |

OR

OR

OR

OR

OR

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS18= |                |
| X86=  |                |
| +290= |                |
| TOTAL |                |

(Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS 9= |                |
| X43=  |                |
| +145= |                |
| TOTAL |                |

OR

OR

OR

OR

OR

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS18= |                |
| X86=  |                |
| +290= |                |
| TOTAL |                |

(Column 1) (Column 2) (Column 3)

|             |   |                                  |       |                                    |               |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS 9= |                |
| X43=  |                |
| +145= |                |
| TOTAL |                |

OR

OR

OR

OR

OR

| RATE  | ADDITIONAL FEE |
|-------|----------------|
| XS18= |                |
| X86=  |                |
| +290= |                |
| TOTAL |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20,"
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.